THE CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

Vol. IX. TORONTO, MARCH, 1913. No. 3

THE OVERSTRAIN OF NURSES.*

By MISS MARGARET BREAY, Treasurer, International Council of Nurses.

The question of the overstrain of nurses is a complicated one, for, under the most favourable conditions, we have elected to adopt a profession in which strain is the rule rather than the exception, and this, not from any want of consideration on the part of employers, but because the needs of the sick, day and night, Sunday and week-day, are unceasing. Having deliberately shouldered a heavy burden, we must expect to feel its weight, and those who regard nursing merely as an easy means of earning a livelihood, while their real interests—philanthropic, social, or frivolous—are elsewhere, had better remain outside the profession, for nursing is a stern and jealous mistress, demanding many sacrifices from those who owe her allegiance. But these very facts make it incumbent upon those responsible for organizing the work of nurses to insure that the burden is eased as much as possible; that, though occasional overstrain is inevitable, it is not constant or necessitated by the conditions of work, and that good food and sufficient time for rest and recreation are ordinarily assured to them.

Let us consider in detail some of the directions in which overstrain is likely to occur.

To many probationers the regularity of routine is vexatious. To work by the clock; to get up and go to bed at a prescribed hour; to go on and off duty to the moment; to do the same thing at the same time each day—all this is irksome to most modern girls, who gird at the sense of compulsion, feel driven by the continual need of being up to time, and overstrained by the necessity of complying with the inexorable demands of a life of routine. But as time goes on they find that it is only by strict conformity to routine that their work can be accomplished, and that method and regularity are their greatest source of strength. In support of this we may compare the work of the nurse—at any rate, in institutions—its regular hours and definite time off duty, with that of the midwife, the strain of whose work is found, not in the actual duties performed, though they are onerous enough, but in its irregularity. The

*Presented to the International Congress of Nurses, Cologne, August, 1912. Reproduced from *The British Journal of Nursing.*

uncertainty of the calls, the constant tension, the strain of night as well as day work, and the frequent lack of sleep—for these reasons many nurses who can successfully undertake ordinary nursing, break down if they attempt midwifery.

A fruitful source of overstrain is the inequitable endeavour of some hospital authorities and private employers to extract work from their nurses to the utmost limit, without giving a due equivalent in training or in cash. Women's labour is cheap and plentiful; when some fall out of the ranks others are ready to take their place, especially in the ranks of hospital nurses. But it is not only wrong, but stupid, to reduce one set of people to ill-health by overwork in order to restore another set to health, and the just employer will realize that he has obligations as well as rights, chief amongst them that of safeguarding the health of the workers for whom he is responsible.

Nothing is a more fruitful source of overstrain than lack of knowledge. Knowledge gives confidence and a sense of power to deal with difficult situations which is otherwise unattainable, hence the responsibility resting upon hospital authorities to provide adequate instruction and experience for their pupils. Only last year, at an inquest which occurred into the circumstances of the death of a patient at a leading London hospital, in which the night nurse had administered an ounce instead of a drachm of morphia draught, the nurse informed the jury that the nurses were not trained as to fatal doses of poisons—they had to find that out for themselves. Again, where the term of training is inadequate, and the experience of the nurse in consequence insufficient, overstrain occurs. Take the instance of a nurse sent out from the private nursing staff of a large hospital to a case of enteric fever, when she has never nursed or even seen one during her brief training; happily the patient recovered, but at what cost of mental anxiety and overstrain this nurse cared for the case she alone knows.

Conscientiousness, again, adds to the strain on the worker—a strain unknown to worthies of the type of Sarah Gamp and Betsey Prig. You remember Betsey's instructions to her colleague when handing over her patient for the night: "The easy chair ain't soft enough. You want his piller." The tension through the long night hours on the nurse sensitive to every need of her patient, alert to every change, questioning herself if she has done all in her power for his welfare, in nowise affected such self-indulgent callous workers, who were untouched also by the exhaustion consequent upon the claims of sickness on a sympathetic nature, which suffers in unison with those whom it serves.

Again, there is the overstrain of systematic overwork. Occasional overwork, caused by the inevitable stress of the situation, is cheerfully endured by any nurse worthy of her vocation, and combated by rest and relaxation between cases when the strain is over. For this reason

the practice of employing nurses in the wards of a hospital between private cases is to be deprecated. The nurse who goes from one acute case to another, where her rest is broken and her sleep limited, needs a few days between them to recover physical, mental and spiritual poise, and it is short-sighted policy to make her do ward work until the next call comes, perhaps for night duty with an anxious case at the end of a hard day's work. Should a nurse need to bring her knowledge up to date, surely she should be taken off private duty and return to hospital for a definite period.

Then there is the overstrain resulting from the callous and deliberate sweating of nurses for money-making purposes, an example of which is to be found in the case of a nurse employed at a salary of some £30 a year by the proprietress of a private nursing home, who charges patients as much as twenty guineas a week. This nurse was required to do five hours' massage daily, and when she represented to her employer that it was impossible to get it in, and that for days she had not been able to go down to dinner, she was told that that was her affair. The nurse confided to a friend the temptation to commit suicide. There is no excuse for such deliberate sweating to satisfy an employer's greed of gold.

Few persons realize that while the ordinary able-bodied man considers eight hours a day, with a weekly half-holiday, besides a day of rest on Sunday, constitute a good week's work, at least ten to twelve hours a day for seven days a week, or nights, when the strain is increased, is expected of most nurses. Indeed, nursing is one of the most exacting callings in this respect, yet no one has ever suggested for this reason that it is not women's work. Nursing is universally regarded as essentially a calling for women. It is therefore illogical to close the doors of any other profession against them on the ground of its strenuousness.

Another cause of overstrain is poverty. Nurses, when in institutions, usually receive minute salaries, out of which they have not only to defray their personal expenses and put by for the days when they can no longer work, but also frequently assist relatives more or less dependent upon them, and this lack of funds unquestionably is a factor in causing overstrain. District nurses, again, are often very poorly paid, and it is quite usual in England to see an advertisement for a district nurse at £50 to £60 a year, out of which she is required to maintain herself. Here underfeeding inevitably comes in as a factor in the consequent overstrain, as well as the lack of personal comfort, for this is unattainable on such a pittance. I say "comfort," but "necessities" would be the more appropriate word—for a cheerful fire, a warm bath, hot appetizing food are among the necessities of life when, wet, footsore, and weary, a nurse returns home at the close of an anxious day's work; but, at the above rate of pay, she must either get them for herself or

for the most part go without, as her income will not admit of the luxury of attendance.

Mental nursing has its own special form of strain, caused by constant contact with the insane, and the need for unceasing watchfulness lest the patient should harm himself or attack those about him.

Again, there is the strain on a sensitive, sympathetic woman of contact with the tragedies of the under side of life, of the knowledge of conditions of life which make purity, and even decency, well-nigh impossible. Who is the more to blame when young men and young women lodgers are accommodated in the same room—because of the exorbitant rent demanded by the slum landlord—when the illegitimate child is born, the parents or the landlord? How can such conditions be remedied? How can preventable diseases, such as syphilis, be eradicated, and every child ensured its right to clean birth? The thoughtful nurse is brought right up against these and many kindred problems, and feels the consequent strain. True, the one who goes through the daily routine oblivious to these problems, unconcerned with them, escapes this particular form of strain, but she is not a nurse of the most desirable type. The need of the sick is for the care of human, tender, sympathetic women, not of machines.

Another form of overstrain—not to be justified, but still one which must be taken into account—is that caused by the attempt to nurse and lead an ordinary life of pleasure at the same time; to regard nursing as a means to an end; to put in so much time in hospital wards, or a sick room, while the real interests of life remain outside. Nursing is an exacting task-mistress, and inevitably and rightly anvenges herself on those who attempt to depose her from her position as absolute monarch.

Unquestionably our duty is to guard against overstrain. A patient's first need is a nurse with freshness and vitality. Drowsiness, lack of alertness, tiredness, as a result of taking time for personal enjoyment from the hours allowed for sleep, are inexcusable, and indicate a want of conscientiousness which may show itself in other directions.

Further, nurses have a duty to themselves, and it is futile to insist upon the importance of the rules of hygiene to others and deliberately ignore them all oneself, although I admit, especially in these days of high pressure, that it is far easier to preach than to practise.

To sum up, it is our duty as nurses, in the stress of emergency, deliberately and willingly to risk overstrain. It is the duty of employers, public and private, to refrain from overtaxing the eager and willing worker, and to ensure that, under normal conditions, the work of nurses is so arranged that they have sufficient time for sleep and recreation, comfortable quarters, and good and appetizing food. The possibilities and probabilities of overstrain are increased in countries where the nursing profession is unorganized, and therefore liable to be overworked

and underpaid. Experience proves that with organization, under State authority, comes increased recognition of the honourable and arduous nature of a nurse's work, better conditions of labour, more adequate remuneration, and therefore better service for the sick.

Lastly, we know that, for better, for worse, the nursing profession owns our whole-hearted allegiance, and that we would not exchange our chosen vocation for any other in the world.

THE SUPPLY OF PUPIL NURSES AND NURSING STANDARDS.

FREDERICK A. WASHBURN, Resident Physician.

LOUIS H. BURLINGHAM, Asst. Resident Physician, Massachusetts General Hospital, Boston, Mass.

Our first proposition is that there is a widespread scarcity of pupil nurses and of probationer candidates. All our reading is confirmatory of this, and we feel that no one will disagree with us when the whole field is considered. The most evident reasons for this condition seem to us to be the following:—

I. The fields of activity open to women have been, and are, increasing, (a) in number, and (b) in desirability.

II. The number of hospitals has been rapidly increasing.

These reasons are so evident that we do not consider it necessary to present any arguments to establish them. Our problem is to determine the best way to meet these conditions.

I. (A) We know of no way of reducing the number of fields of activity open to women, and do not consider that this would be in any way advantageous.

(B) Nor do we know of any way of decreasing the desirability of the other lines of work open to women, but as we advocate strongly entering into competition with other vocations by increasing the attractiveness of the field of nursing. We would do this by

(a) Raising the whole standard of the profession in

(1) The educational requirements for admission;

(2) By registration;

(3) By proper classification.

Whether one considers trained nursing a profession or not, does not seem to us a matter of vital improtance. All agree that the calling is highly honourable and most useful.

(1) We believe that it is a fact that the general esteem in which a vocation is held increases in direct ratio with the educational standards of that vocation. We may cite as an example the old-time barber-surgeon as compared with the member of the medical profession of the present day.

(2 and 3) Registration and classification will have a beneficent in-

fluence on nursing by establishing it on a more definite basis, for it will make it necessary for anyone who wishes to be registered to conform to a certain standard. It will also make it necessary for training schools to arrange their curricula and work so that the required specifications be met. We believe that registration should be compulsory, as a protection both to the public and to the nurses themselves. For the benefit of all concerned there should be grades, thus permitting the recognition of more than one standard of training school, as, for example, special schools and schools for attendants.

(b) Inasmuch as training schools are the feeders for the nursing profession and a necessary and important preliminary through which every trained nurse must pass, it seems perfectly logical that they should be improved in our attempt to increase the attractiveness of the nursing field as compared with others. Our aim in general would be to give a fairer return for value received. This should not be by increased pay necessarily, but by

(1) Diminishing drudgery. A certain amount of cleaning, polishing and sweeping is commendable, as it makes for knowledge, thoroughness and discipline, but nurses should not be kept doing a maid's work as a regular routine. It is acknowledged that there is no cheaper way to have nursing in a hospital done than through a training school. For that very reason a parsimonious policy should not be pursued, but a just one. In this, as in many other matters, if each party to a dispute believes in the fair-mindedness of the other, there will be either a quick settlement of the difficulty, or no difficulty at all. A diminution of drudgery will allow more opportunity in a given time for

(2) Teaching, both (aa) practical and (bb) theoretical, which will redound to the benefit of the hospital through improved care of the patients and of hospital property, and of the nurse through the better mental preparation she will receive. (cc) Nor should opportunities for culture be overlooked. Pupils in training should be advised and directed as to the best utilization of the opportunities at their disposal in music, art and literature, and in many cities their opportunities are very considerable.

(3) Another way to attain this end will be by paying more attention to nurse welfare. Efforts in this line may be in several directions.

(aa) The hours of duty should be reasonable. Once a nurse has become accustomed to her work, she should not be so tired at the end of her day that her only desire is for her room and bed. She should have enough energy remaining in store to permit of her doing such mental work as is needed in the preparation of her recitations, attending lectures and demonstrations, and for healthful amusements. We feel that the proper daily period of duty for the day-nurse is much nearer eight than twelve hours.

(bb) There should be enough nurses in training, and their work should be so arranged that there will always be enough nurses on duty in the wards.

(cc) The health of the pupil nurse should be well guarded. No candidate should be taken as a probationer until she has had a reasonably thorough medical examination. During the course of her training the nurse should feel that any reasonable physical complaint will receive proper attention. Work in the wards calls for a considerable amount of physical exertion, but we believe that a "setting up" drill at regular intervals may, nevertheless, be of definite value.

(dd) Housing the nurses is a problem which in many cases does not receive the attention that it should. Nurses should be quartered in a separate nurses' home, that there may be some change of atmosphere. It goes without saying that the location should be healthful and not too close to the hospital, that each nurse should have a room to herself, and that there should be some suitable place where she may entertain her friends.

(ee) Food should be plain, simple and wholesome; but it should be well prepared, well served, and of sufficient variety to avoid monotony, the great bane of institutional living.

(ff) It is well that nurses have a reasonable amount of amusement, some of which may be in the hospital. A certain amount of "Spartanism" in the nurses' training is most valuable, but it must not be unmitigated. The nurse who remembers no bright spots in her course of training is not likely to advise her relatives and friends to enter her training school. And this brings us directly to the

(C) Valuable results which come from making known to women in high schools and colleges the advantages of the vocation of trained nursing. This may be done by charts such as those prepared by the Educational Committee of the Women's Municipal League of Boston, by members of the training school staff addressing bodies of students, and by the circulation of the training school annual report.

As an example of the results which may be obtained by an attempt to follow out the tactics which have been outlined may be instanced the case of the Massachusetts General Hospital. Not so many years ago there was considerable difficulty in keeping the number of nurses up to the needed standard. Recently there has been no such difficulty, and the educational qualifications of the probationers have markedly improved. During the present year the requests for application blanks have increased from seventy-one in the month of January to one hundred and forty-four in the month of August, and the number filled out and returned, from thirteen to twenty-six in the same months. The preliminary educational qualifications of the fifty-five accepted applicants

waiting for admission to the Training School as probationers are as follows:—

Sixteen have studied at fourteen colleges, and among them are graduates of Vassar, Wellesley, Mt. Holyoke, Chicago and Radcliffe.

Five prepared at four academies.

Five are normal school graduates.

Two have attended seminaries.

Two have attended institutes.

Ten have taken the nurses' preparatory course at Simmons College, seven of this number being high school graduates and three having attended private schools.

Six are high school graduates.

Five are high school graduates who have in addition taken private lessons in sciences.

Two are high school graduates who have taken part of a normal school course.

One is a high school graduate who has taught for some years.

One has taken a year's nurses' preparatory course at another hospital after previously attending private schools.

The minimum educational requirement is a four years' high school course, or a good equivalent; also a knowledge of elementary chemistry, anatomy, physiology and bacteriology.

While laying so much stress upon the educational qualifications of candidates for the training school, we do not wish it understood that the regularly considered requirements of good health and physique, intelligence, good moral character, common sense and a natural aptitude for the work, are to be in any way lightly passed over. The educational requirements should be distinctly in addition to those other qualities which are so necessary.

II. It is legitimate to oppose the founding of hospitals, or the establishment of training schools in hospitals of the following classes:—

(1) Those not well located, chiefly on account of the small district from which they draw, and hence the narrow clinical experience.

(2) Those lacking sufficient financial resources. In such hospitals patients cannot be attended according to the best methods, nor can the nurses be properly cared for either mentally or physically.

(3) A hospital with an incompetent staff is a distinct disadvantage to the community as well as to the nurses who are mistrained in it.

(4) If a hospital does not have a large enough number of beds, the clinical experience of the nurses trained may be too limited.

(5) A hospital which is run merely as a business venture should not maintain a training school unless it can prove that it complies with the best standards. Inasmuch as it is maintained solely for the profit of its backer, or backers, it is not so likely that its policy toward its

nurses will be liberal, but purely to obtain the most service at the least cost.

(6) Special hospitals, unless the course of training is rounded out by suitable affiliations, should not maintain training schools, as the work will be in too specialized a field.

There is no way, under our present laws, in which many hospitals such as those we have just described can be prevented from training nurses, but probably many such training schools will die "of natural causes"; that is, those who are contemplating becoming nurses will discriminate so generally against them that they will have no candidates.

We are entirely in accord with the report of a special training school committee of the American Hospital Association in standards set for training schools of qualifications necessary for admission as probationers, duration of course, courses of study, and classes of hospitals which should maintain training schools. We believe, however, that a hospital of twenty-five beds is too small for the maintenance of a training school, and again affirm that small and special hospitals can to their own advantage, the advantage of their patients, the community and the individual, train attendants.

In the matter of attendants we wish to state our belief that for the safety of the community they should be allowed to work only under the supervision of trained nurses, or that they be allowed to care for certain classes of cases only.

We have not treated the subject of our paper in the minute way which the title assigned may seem to allow, as we prefer to consider the chief principles involved. In closing we may state briefly, in another way, our view of the subject as follows:—

We hold that shortening the length of the course of training, or lowering the standards of admission to the training school, are retrograde, and against the best interests of hospitals, patients, nurses and the community.—*The International Hospital Record.*

ANTI-TYPHOID VACCINATION IN THE WINNIPEG GENERAL HOSPITAL.

After reading a report by Richardson and Spooner on the "Incidence of Typhoid Fever in the Massachusetts General Hospital," which appeared in 1909, it occurred to us in the laboratory that the number of cases of typhoid amongst the staff of our hospital was far too large.

A study of the records showed that for the period 1901-1910 an average of seven cases of typhoid had occurred each year amongst the staff, with an average yearly death rate of one. Of this number, about five per cent. were nurses; these were on duty in the medical wards and were usually probationers or juniors.

A nurse in a hospital is eight times more liable to contract typhoid than anyone else in the community, and the type so contracted is more than ordinarily severe.

Such good results were reported by Richardson and Spooner after the use of anti-typhoid vaccine, that we decided to make some and use it ourselves. The first vaccine was prepared in September, 1909, and the first doses administered to volunteers from amongst the house surgeons; five persons in all received vaccine that year.

In 1910 scarcely anything was done in connection with this movement.

Early in 1911 a compaign of publicity was started; addresses were given to the nurses; the orderlies were informed of the advantages of immunization, with the result that all the house surgeons, nearly all the nurses, and a few of the orderlies, received the full course of treatment extending over three weeks.

What was the result? For the first time in the history of the training school, no case of typhoid occurred among the nursing staff.

In 1912, besides all the probationers, the orderlies, maids and cleaners were vaccinated, and so far this year we have not had a case of typhoid develop amongst any of our hospital employees, with one exception, although we had 80 cases in the wards at one time during the summer. The exception noted above was the case of a senior nurse, who was off duty for some three weeks with slight temperature, general weakness and anorexia. Although she had received anti-typhoid vaccine, her condition was diagnosed as typhoid, but we were unable to confirm it by bacteriological methods.

Up to date some 260 persons have been treated; it is true that some of them were quite sick after their treatment, but what is a little discomfort if one can avoid a severe illness?

In this hospital it is becoming an understood thing that every newcomer, whether nurse or house surgeon, is not a member in good standing in the community till he receives his anti-typhoid vaccine.

A. J. L.

AN ADDRESS READ AT THE ANNUAL MEETING OF THE SOCIAL SERVICE ASSOCIATION OF THE TORONTO GENERAL HOSPITAL.

By Alfred K. Haywood, M.B., M.R.C.S., L.R.C.P., London.

It is now nearly 200 years since the first dispensary was established in England. How slowly it must have developed when we consider its age and compare its advance with that of the hospital from which it sprung. "The proposition to establish a hospital rarely meets with

Reproduced from *The Journal of Preventive Medicine and Sociology*, Toronto.

opposition, while a like proposition with regard to a dispensary almost uniformly is received into a community with disfavour." But the time has come at last when dispensaries are being talked of, new ones built, and those already in existence perfected and respected.

The greatest factor in the advance of the dispensaries is that its primary object, that of taking care of the needy poor, has been systematized and regulated in such a manner that not only the patient is benefited, but all those interested in the dispensary, namely, the patient, doctor, community and university, if the dispensary is fortunate enough to be connected with some teaching institution. I say the doctor advisably, for too many physicians have used their appointments purely for personal gain, disregarding all opportunities for service to humanity or the community. In such clinics patients are but grist for the mill.

In the unfortunate men, women and children who come to our clinics there surely must be something that charity, sociology or public health will find worth the working, that the gain to society may be the greater. But then, on the other hand, to the conscientious physician is given material in abundance for study and research. For is it not true that some of the greatest findings in the field of medicine have arisen from the observations on patients who present themselves and their afflictions for aid and study at the door of the dispensary.

To the community comes not the least of these benefits. For how much greater is the gain to be derived from treating a patient in the dispensary than maintaining him in a hospital? Ward work deals mostly with isolated cases after the disease is in full swing; it cannot be radical, fundamental or preventive like dispensary work. I will deal later with the methods by which this can be done.

It is to the advantage of the dispensary to be connected with some teaching college. Everyone now agrees that where teaching is done the work of the hospital and dispensary is infinitely more careful, more thorough and of a higher standard, than where the physicians have not the keen minds of the students to check up the conclusions and criticize the methods. The time is not far distant when hospitals and dispensaries will be seeking university affiliation in order to hold a first rank position in the community.

It is true that the executive or sociological staff of hospitals has not, as a whole, been so progressive or so thorough as the medical, and there has come on this continent the social service movement as a rebuke to our medical institutions for the narrowness of their service and the meagreness of the sociological effort, but the principle has been established.

The hospital social service worker is the link between the patient in the hospital and the patient after he leaves, for until he is put in a position to understand and care for himself, he is still a patient. We ask

for financial support, and in admitting a patient to the hospital tacitly guarantee to do everything possible to effect a cure. If then the social service workers are needed to that end, is it not the hospital's duty to maintain that department, and let us not say to ourselves, Can we afford social service workers? but rather, Can we afford to be without them?

The varied and far-reaching results of a social service are many:—

1. It brings patients back to the dispensary for treatment.
2. It prevents waste of the physicians' efforts.
3. It solves the home problems which cause the disease.
4. It makes treatment possible for the very poor.
5. Supplies facts for diagnosis.
6. Does educational and educative work.

There have been countless numbers of papers written during the past two years dealing with the lamentable fact that patients do not return to the dispensary as often as they should. In fact the majority come only once. This is regrettable, because even to the layman it must be apparent that for the majority of our diseases one visit is not enough. How can we better this condition? Up to date there has only been one solution: Take more interest in the patients. But often-times it is not possible for the doctor to do so. It may be that his clinic is too large, or that he is in a hurry. Who is to do this work? None other than a social service worker who can visit the family, ascertain the cause of this absence and even bring pressure to bear on the patient to return and resume proper treatment. It will not be necessary to exert pressure, but rather interest and kindness.

On the other hand, there are always people presenting themselves for treatment at a free dispensary who are able to pay some doctor for this. It may be that they are dissatisfied with their former physician, or again, strangers in the city. Though the social service worker is not supposed to investigate in the strict sense of the word, the results are far more satisfactory to the physician and community than when this work is done by some charity organization. Especially true is this in a small department as ours is at the present time.

To find the cause of disease and remove it when possible is the doctor's aim, and is the first principle of all rational treatment.

But if we are in earnest in this matter and do not rest content with large phrases, we may have to go far afield in pursuit of this cause. When mal-nutrition is due to poor appetite and poor sleep and when these in turn appear to result from worry, our pledge to be thorough, to go to the bottom of our patients' malady, find its cause and root it out, compels us to undertake through others (nurses or social workers) investigations for which the dispensary physician has neither the time nor training. The patient may need to be removed from the worry and friction of home conditions and started afresh elsewhere. It may be a

change of scene, a vacation or a visit to a convalescent home. Who is to guide the patient to these necessities or accessories to a proper summing up of his case?

It is true that at the present time Toronto is woefully behind other cities when it comes to the care of convalescents. Our hospital beds are occupied for a much longer space of time than is necessary, both for the patient's good and for our own. If I were a dreamer I should picture to myself a convalescent home in connection with the Toronto General Hospital. Perhaps the time is not so far distant when this dream will be realized, and another weapon placed in our hands with which we may combat disease.

Toronto is blessed with many natural resources, which, up to the present time, have never been called into play to aid the physician in his fight against disease. We have room and need for rest homes, where factory workers could be sent for week ends, farm colonies for the tuberculous, convalescent homes, the need of which I have already spoken. Lest it be overlooked, I make mention of the splendid work done in the summer months by the fresh air fund and summer home of the Hospital for Sick Children, but when one stops to consider the amount to be done, this is as a drop in the bucket.

Sometimes the patient must be helped to get the necessary but somewhat expensive means of recovery, such as a set of false teeth, an abdominal support, a nourishing diet, a pair of glasses, and countless other needs. Here again the social service worker is called into action to use her influence or funds in supplying these articles, without which the patient may be relieved but not cured. For none of these needs is our ordinary out-patient staff sufficient. The doctors have not the time nor the training. But there are in the community—or should be—many societies, institutions and persons whose aid can be enlisted if someone will attend to the connecting links. We can no longer ignore the absence of connecting links and commend the patient to do what we know he will not or cannot do. How often do we hear the well-meant advice given to take a vacation or get a new job, change your job or get a truss? There is none in sight and no means of getting any. What have we done in the past? Pass cheerfully on to the next patient.

This is one of the gaps which the social workers should try to fill in this hospital. Believing that when a hospital undertakes the care of a patient, it ought to do it, and not be content with going through the form of doing it. The social workers fill the gap between good intentions and their fulfilment. Simply to hand a tuberculous patient printed directions for the care of his health is to go through the forms of treatment without actually doing anything for him. To tell him to rest out of doors, to sleep out of doors, and to eat twice as much as usual, produces no appreciable change in his mode of life. To follow

him up, show him how to do it, and see that he actually does it, is the only business-like way of treating his disease.

A woman is found to have diabetes; medicine will not help her much; diet will help, but it is useless to hand her over a diet list without finding out whether she can get at her boarding house any such diet as we recommend. It turns out that she cannot, that there is no special boarding house for diabetics, and that she has no money to spend on specially selected diets. Shall we simply pass on to the next case and let the woman's disease run on to its fatal termination unimpeded? The physician in charge has no time to investigate her case or to discover what resources, if any, the City of Toronto contains for supplying her need. He cannot look up the question whether friends, relatives, church or benefit societies can be gotten to lend a hand. But he cannot turn his back upon the woman and let her die without an attempt to check the disease. He needs the help of social workers to make his treatment effective.

To order for one patient a diet which she cannot possibly procure, for the next a vacation which he is too poor to take, to forbid the third to worry when the necessary cause of worry remains unchanged, to give directions to the fourth for an outdoor life which you are morally certain he will not carry out, to teach the fifth (perhaps a Jewish mother) how to modify milk for her baby when she understands perhaps half of what you are saying, and forgets most of that half, this makes a morning's work not very satisfactory in the retrospect to anybody, and hardly more useful than the old-fashioned wholesale drugging.

It is to fill just such needs as these that I suggest that there be reorganized here our present little social service department. The amount of work done in the past year by our one worker must be proof enough to all that social service has come to our hospital to stay, and that the movement cannot stand still, but must progress.

I notice that at the present time your organization consists of an executive committee and an advisory committee, with their attending officers. Executive committees, as a rule, should consist of live wires—by that I mean people with executive ability, who are also fired with the desire to further any interest with which they are connected.

Another suggestion I would like to make, and that is changing what is now called your advisory committee into a supervisory committee. This to consist of your Head Worker, the chiefs of the different departments of the hospital, Superintendent of the hospital and Superintendent of nurses, and probably one or two others who may be keenly or directly interested in social service work. It would be the duty of this committee to supervise our work, investigate our results; a good supervisory committee is at all times and in the end an advisory committee,

so that here we have an opportunity of killing two birds with the one stone.

I think the time has arrived now when we can no longer get along with one worker, and in the event of this work being enlarged I would suggest that you employ a Head Worker. This worker to look after the general work of the social service and direct the workers in the special departments. She should be a nurse rather than a trained social worker, for the experience which comes from familiarity with the sick, the discipline of regular hospital work, the eye trained to observe and the hand and mind to act quickly and skilfully, are essentials to the highest kind of social service among the sick poor. The nursing qualities must be combined with the more purely womanly ones, as the personal touch with the individual is the main object to be attained. A deep human sympathy which will invite confidence is, of course, essential, but this must be sympathy untinged with sentimentality. Having furnished her with office room, telephones, etc., she may safely be left to work out, with the physician, the problems of her particular field. At the present time you are cramped for space and are working under the greatest difficulties, but I understand that the hospital authorities have already set apart ample room for your present labours, and it now rests with the Social Service Association to avail themselves of this room and abundance of material with which to work and continue producing results.

The ideal condition of social service work is to have one worker in each clinic or department, such as tuberculosis, maternity, medical, surgical, etc., and I feel safe in saying that this hospital will eventually have these workers as have other hospitals which have fostered the social service spirit, for it is a movement which, under the proper guidance, cannot stand still, and I know of no other form of work that produces such striking results.

Volunteer workers, while not being an absolute necessity, have nearly always proved a success. They can help a social worker wonderfully and help her to conserve her energies and place her trained services where they will do the greatest good. Again, by forming themselves into enthusiastic groups they can canvass their friends for funds. While I personally think the hospital should be responsible for the major share in the upkeep of the social service department, at the same time there is so much to be done, and so little to do it with, that every source we have at our command should be tapped. It is not enough that a hospital should support social service workers for the purpose of investigation, but also that some funds be raised for the distribution of those important accessories of treatment I mentioned earlier in this address, such as false teeth, abdominal supports, a few fresh eggs, a vacation or a visit to a convalescent home.

There are those who are still labouring under the impression that

social service is for the distribution of old shoes, etc., but it has a much worthier position in the hospital and dispensaries, for is not its chief object to help the patients to help themselves, and by its investigation aid the patients to regain their former positions in the community, and it is not for the dispensing of indiscriminate charity.

There is in every city a number of charitable organizations whose duty and object is to look after their special charges. We have Children's Hospitals, Homes for Incurables, Fresh Air Funds, Church organizations, besides other large hospitals. At the present time each one of these is dispensing its own charity, and it is a known fact that there is considerable overlapping, and that it is quite a common occurrence for several charities to be interested in one person. How long will it be before Toronto follows the example of other great cities and establishes a charitable organization bureau or call it an associated charities building, in which could be housed these different charities? The dispensing of charities in this city could then be systematized and also these separate individual institutions would then have a clearing house where we could be advised as to what aid or support each individual case receives. I have a recollection of having heard of an associated charities organization in Toronto, but either it is hiding its light under a bushel or else it is only one of the many figure-heads we have in this city, for I have still to meet with any systematized or far-reaching good being done by it. Surely there are enough influential people here this afternoon who will realize how backward, old-fashioned and ill-equipped we are in Toronto for dealing with the needy poor who present themselves at our dispensaries, and I hope will use their influence and lend their aid in correcting this condition as much as it is possible by perfecting the social service department of the Toronto General Hospital.

For a great deal of the material and information in this paper I am indebted to the following authorities on social service work: Miss Cannon, Massachusetts General Hospital, Boston; Miss Wadley, Bellevue Hospital, New York; Dr. Richard Cabot, Boston; Dr. C. B. N. Camac, New York; Dr. A. R. Warner, Cleveland; Mr. Michael Davis, Boston; Mr. Edgar Kemp, London, England.

"He has achieved success who has lived well, laughed often and loved much; who has gained the respect of intelligent men and the love of little children; who has filled his niche and accomplished his task; who has left the world better than he found it, whether by an improved flower, a perfect poem or a rescued soul; who has never lacked appreciation of earth's beauty or failed to express it; who has looked for the best in others and given the best he had; whose life was an inspiration; whose money a benediction."

SOCIAL SERVICE, TORONTO GENERAL HOSPITAL.

The reports read at the annual meeting of the Social Service Association of Toronto General Hospital, held on January 13th at 78 Queen's Park, showed that an immense amount of work had been accomplished during the one short year since the inauguration of the Social Service Department.

The chair at this meeting was occupied by Sir James Whitney, Premier of Ontario, and the large gathering testified to the amount of interest taken in the work.

That so many have been helped, some back to health and efficiency by necessary care during convalescence; some over rough places that threatened shipwreck; some with the kindly counsel and advice that mean so much in relieving mental worry; all in the thousand and one ways that cannot be enumerated, must bring much encouragement to the committee having this work in charge.

The committee was particularly fortunate in its choice of a Head Worker whose knowledge, skill, unvarying perseverance, kindly tact and splendid work made the year's success possible.

Addresses were given by Dr. Haywood, Assistant Superintendent of the Hospital; Miss N. K. Holman, Head Worker, and Dr. MacMurchy, temporary Chairman of the Committee.

Dr. MacMurchy emphasized the need of social service and the necessity of making it an integral part of all hospital work. She also cited some of the cases which had come under the care of the Head Worker and which demonstrated the need of this work if any lasting benefit was to result.

Dr. Haywood's address appears on another page. It speaks for itself, as also does Miss Holman's, which we give here:—

"Hospital Social Service may be a factor in producing such a reduction of the morbidity of a community that as a final result hospitals may cease to exist. The aim of social service is to arouse and maintain those health forces which will work automatically in the community until only the new born and the aged will need care. This is a high aim, but in affirming the necessity for it we can repeat Browning's words, that 'A man's reach must exceed his grasp, else, what's a heaven for?' The reach of the individual is futile, but a high social endeavour will bring the desired object, the vision, the ideal, nearer, and make its form clearer. Continuous health being the ideal to be sought in connection with hospital social service, the qualities necessary to make it possible seem to me to be knowledge, justice and democracy.

That medical and nursing knowledge which is most successfully applied must be satisfied with nothing less than the complete rehabilitation of the patient and the return of his earning powers, the patient

himself, realizing that that is the aim of physician and nurse, must always gain some knowledge of the rules and laws of health. Much has been said of the socialization of the hospital, but very little of the danger of the hospitalization of the patient, a danger which may arise partly because of that human characteristic which we all have, the getting of something for nothing, and partly because of the lack in that hospital machinery which makes a periodic inventory or stock taking in the wards.

One sees in every hospital a patient, in fact several, who should be out at work and returning periodically for treatment, but who has preferred to make the hospital ward his home. Not only should the patients be sustained by kindliness and personal human interest, but they should also, by firmness and decision, be brought to see the desired aim—the return to the working world.

That extension of hospital work which includes a consideration of the occupational diseases, over-work, strain, fatigue, in industry, bringing in their train heart disease, tuberculosis, misplacements, deformities, must lead inevitably to the question of industrial justice. Hospital social service departments, by research and investigations, and mainly through the expert testimony of medical men and women, have been able to secure legislation which gives to the workers a minimum of justice. Little has been done in Canada, but England and the United States, with medical factory inspection and their many writers on industrial diseases, have paved the way.

Democracy, which is linked with social service, does not imply the loss of pride, culture, or give traditions, but rather an extension of these qualities, so that all humanity may possess what has been called moral minimum, ever increasing, of the best in life, a higher and better standard of living and a consequent higher status of health. It is the spirit of democracy which will make this possible.

The method by which social service serves is by the relation of the forces within the hospital with the forces outside, and the formation of a co-ordinate plan for that human efficiency that is based on good health. In Toronto there have been many agencies engaged in general social service and there are many volunteer workers who would gladly help in any plan for human betterment. The difficulty of getting these forces to all work together has recently been overcome, it is hoped, by the establishment of what are called case conferences in the different sections of the city under auspices of the Associated Charities, thus at the Evangelia and University Settlements and Victor Mission there are groups of sincerely interested people discussing and forming plans for co-ordinate work on family rehabilitation. Taking the family as the unit for treatment, these conferences deal with the problems affecting the family. As housing, education, employment and rate of wages are

discussed, the hospital social service worker realizes more than ever that sickness and its prevention is not an individual but a social problem, and the hospital has a splendid opportunity for action along social lines. If all the patients were known and individually and materially benefited, there would be no lessening in the number of applicants; in fact, there might be more of these. Complete social service must take up the *prevention* of sickness and must actively pursue the initiative in demanding this from councils and governments."

THE SCHOOL NURSE.

The regular monthly meeting of the Canadian Public School Nurses' Association was held on Monday, February 3rd, at 3 p.m., at the Toronto Graduate Nurses' Club, 295 Sherbourne St. The President, Miss L. L. Rogers, occupied the chair.

As it was the annual meeting, the most important business was the election of officers, which resulted as follows: President, Miss L. L. Rogers, R.N.; Vice-President, Miss E. J. Jamieson; Treasurer, Miss F. Jones; Recording Secretary, Mrs. Feeny; Corresponding Secretary, Miss E. McCallum, 169 Carlton St.; Directors, these officers and Misses E. Morrison, M. Paul, Kingstone, and Dayman.

Some slight revisions were made in the Constitution. A vote of thanks was tendered the retiring officers and the meeting adjourned. The Association remained for supper at the Club.

Four nurses are now taking the Post-Graduate Course in School Nursing under Miss L. L. Rogers, Superintendent of School Nurses, Toronto. These are: Miss Ethel Appelbe, Graduate of Roosevelt Hospital, New York; Miss Henrietta Shipley, Graduate of Victoria Hospital, London, Ont.; Miss Harriet C. H. Denison, St. John's Hospital, Brooklyn, N.Y.; Miss Elizabeth M. MacGibbon, Graduate of Lady Stanley Institute, Ottawa.

NIAGARA FALLS, ONT.—The yearly report shows the total number of inspections to be 12,043; seven children had eyes examined by doctor, who advised glasses; seven had treatment for eye troubles; 11 had tonsils and adenoids removed, and 24 had treatment for these conditions; 204 had teeth filled, and 27 had teeth extracted; 543 children were found to have carious teeth. Seven cases of diphtheria and one case of scarlet fever were found and reported.

The rooms are fumigated at least once every three months. We hope soon to have the dispensary.—E. L. E.

Dr. Sikes' lecture on the "Legal Aspect of School Nursing," on December 13th, was largely attended. He gave an account of the progress of the work of the medical and nursing department (education) since its

inception. The Acts of Parliament which affect the work of the school nurse were explained. Among other subjects Dr. Sikes spoke of the cases of favus which had to be dealt with—79 in one part of London alone; of the opening of a school for children suffering from the disease, and how with X-ray treatment and supervision the children were soon cured and the school closed. Microscopic slides were shown illustrating varieties of favus and ringworm.—*British Journal of Nursing.*

On Wednesday, January 17th, at the Day Training College, Dr. Menzies gave a lecture to the school nurses on "Nutrition." There was a large attendance. Dr. Menzies made special reference to the feeding of school children. The opinion of four important authorities, as to the number of children requiring to be fed by the State, was interesting, their estimate varying from 2 per cent. to 33 per cent. The distinction between the underfed and improperly fed was a much discussed question, and probably accounted largely for the difference of opinion. Home conditions throw a good deal of light on the subject. Dr. Menzies then explained how a decision could be arrived at by a medical expert. No real help could be gained at present by height and weight. The blood test was helpful, but unreliable. One had to go by general appearance. The skin was loose and lacked smoothness, owing to the loss of subcutaneous fat. The presence of unhealthy eruptions was another symptom. Slight inflammation of eyelids, roughness of the hair, facial expression and lack of animal spirits to be noted. Ignorance of the right kind of food and how to prepare it was largely the cause of malnutrition, but there were many others. Want of assimilation, due to bad teeth; hurried meals, excess of liquid taken with meals; the consumption of strong tea or coffee and alcohol. Organic disease; deficiency of fresh air, or insufficiency, owing to adenoids or rickets; tight clothing; bad posture; extreme anæmia; defective oxidation; late hours; congenital disorders; excessive breaking down of tissue; overwork; want of sleep; deliberate starvation. Dr. Menzies mentioned a case of the latter, where a fat schoolboy, through being teased, bought two bottles of Antipon, and refused food to the extent that he lost two stone in weight. In dealing with malnutrition, due to improper feeding, one had to remember how difficult it was to get fresh milk, eggs, vegetables, meat and fish in the poorer parts, especially in the summer; also to remember the cost. A certain amount of instruction on cooking and feeding was given in the schools, but Dr. Menzies did not consider it sufficient. He spoke of the overworked mother, often the bread-winner, and out all day, which, of course, resulted in irregular and badly prepared meals. Dr. Menzies gave details of an ideal dietary. He mentioned the strides made since public health questions had aroused interest, i.e., the passing of the Midwives Act of 1902, followed by the Notification of Births Act of 1907, the Children's Act of 1908. Later the Acts dealing with the employment

of children and provision of meals. Dr. Menzies received hearty applause at the close of the lecture.—*British Journal of Nursing.*

With the opening of the fall school term, over 200 open air schools and fresh air classes for tuberculous and anæmic children, and also for all children in certain rooms and grades, will be in operation in various parts of the United States, according to a statement published by the National Association for the Study and Prevention of Tuberculosis. All of these have been established since January, 1907, when the first institution of this character was opened in Providence, R.I. Massachusetts now leads the States with 86 fresh air schools and classes for tuberculous, anæmic and other school children, Boston alone having over 80. New York comes next with 29, and Ohio is third with 21. Open air schools have now been established in nearly 50 cities in 19 different States.—*The American Journal of Nursing.*

"Do not laugh at the proposition that the County Council School children shall be exercised in the blowing of their noses in order to circumvent the trifling trouble of adenoids. Nose-blowing drill is a feature of the military exercise in Russia. On the parade-ground the word of command is given, and the blast of a thousand noses splits the air, with never a laugh. It is taken, as it should be, seriously. For the British child that little matter is serious, and too often neglected for want of instruction."—*Westminster Gazette.*

"Spectacles were made for the first time about the year 1290, the invention being ascribed by some to the Dominican monk Alexander Spina, by others to Salvino degli Amati. The glasses, originally very defective, were greatly improved afterward by the method of grinding spherical lenses devised by Wolaston and later by that of grinding cylindrical lenses, which is due to the Swiss pastor Schnyder."

ARGUMENT FOR THE DENTAL NURSE.

At a clinic in Cleveland the following interesting and excellent results were obtained when they made mental tests on forty-four of the poorest children. "These children were given dental attention, and their mouths put in hygienic condition. Their working power was raised between 90 per cent. and 100 per cent., thus showing the connection between a sanitary mouth and mental condition." Nurses can do much to teach children to keep their mouths clean and healthy, and it would seem as if there was a special field for the dental nurse.—*The News Letter.*

CORRESPONDENCE.

To the Editor of THE CANADIAN NURSE:—

Dear Madam,—I would like to say a word about the number of tuberculous cases treated in small hospitals in the West. Perhaps my experience has been unfortunate, but I have been in a number of small hospitals, and I have known of a great many cases of tuberculosis which have been treated in one or other of them. In one of these hospitals two nurses died of pulmonary tuberculosis before finishing their training, and three of the Graduates are tuberculous.

In other hospitals where tuberculous patients were admitted I have known of one or more of the staff becoming infected, apparently a direct result of coming in contact with tuberculous patients.

In every small hospital I know there is a by-law prohibiting such patients from entering for treatment. But the doctors, in many cases, wilfully and deliberately violate the law, and, in some cases, the nurse, having ample proof of the nature of the case, makes no objection when such strenuous efforts are being made to educate the general public in regard to this disease. We who have training and knowledge ought to assist by insisting on proper conditions when we undertake the care of these patients.

My experience has been that nurses are not unwilling to respond to any call; they are much more inclined to sacrifice their strength and comfort for the seeming needs of others. I think it is time we made a greater effort to decide between the seeming needs and the real needs of our patients and their friends, and realize that only as we make the best of our own lives can we be of the greatest service to others.

In some cases we find that education is needed as much as nursing care, and, if carefully and tactfully given, is much appreciated. I have found that whenever I have carefully explained the nature of tuberculosis and the danger of infection to those around, I have been granted proper conditions for the care and treatment of the patient. That, of course, would not always be the case, but the exceptions must be dealt with according to the time and place and need.

Sincerely yours,

M. M. L.

Miss L. L. Rogers, President of the Public School Nurses' Association, and Superintendent of School Nurses, Toronto, would esteem it a favour if every nurse in Canada doing school nursing—rural or city—would write to her, as she would like to learn of the work being done all over Canada. Address: Board of Education, City Hall, Toronto.

Before going to Dental Clinic.

Dental Examination in a Public School.

Editorial

RE HELPFUL CONTRIBUTIONS.

In looking over some of the early numbers of THE CANADIAN NURSE we find the following questions asked by a correspondent: "Would it not be helpful to us all if nurses or Superintendents of hospitals would send in reports of any unusual cases, with treatment for the same? Also, if some of our sisters who are in charge of operating theatres in the larger centres, would give us the new ideas constantly being put into practice by our leading surgeons? In this way we who are more isolated could keep up with all the modern methods. Another thing I would like very much would be the publishing of the examination papers (trials) of the Training Schools. It would help us in smaller schools to keep our standard as high as theirs."

And numbers of nurses are making the same requests now. The needs of the nurses in private work do not change in this regard.

Does this not present splendid opportunity for the nurse who has had a particularly interesting case, to tell us about it, and for the Superintendent who has so many new methods, to pass on to her Graduates who cannot get back to see and glean for themselves.

Operating room technique is constantly changing. New methods are introduced, the account of which would be most interesting reading to the isolated worker who is striving to keep up-to-date.

Nurses in charge of operating rooms, here is your opportunity to pass on the helpful knowledge that comes to you as a matter of course!

And the examination papers—perhaps some Superintendents of Training Schools will be good enough to send us some for publication.

Let not the nurses ask in vain for assistance!

A PLEA FOR PROPER CONDITIONS.

The letter in this issue calling attention to the lack, in some hospitals, of proper conditions for safeguarding the health of the nurse who has the care of tuberculous patients, should receive the thoughtful consideration of those who are responsible for conditions as they are.

Do not say, "Who is this who presumes to criticize?" but rather, "Can it be that in the stress of much work and anxiety we have allowed any one to be needlessly exposed to danger, or a life to be sacrificed that should have seen long years of usefulness?"

Nurses are not averse to caring for the sick, even at risk to life and health, but that life or health should be needlessly risked, or perhaps permanently injured, or, it may be, sacrificed, is surely not necessary, nor reasonable, nor just.

All nurses realize that tuberculous patients must be cared for, but

let it not be said of any hospital that, in caring for these patients, the life or health of a nurse was injured or sacrificed because conditions which ensure the minimum of risk were not provided.

It is true that nurses, too, have their part to do in avoiding unnecessary risk, but to do this they must have the requisite knowledge. It would seem obvious, then, that only senior nurses should have the care of tuberculous patients, that there might be a minimum of risk to all concerned.

Hospital authorities will, we are sure, give this matter their thoughtful attention and speedily correct any errors that may heretofore have been overlooked.

ANNUAL MEETINGS.

The Canadian Society of Superintendents of Training Schools for Nurses will hold its annual meeting in Berlin, Ont., during the week beginning May 13th. The keynote of the addresses is to be "Uniformity." It is hoped that every Superintendent of Nurses in Canada will attend this meeting and contribute something for the general benefit. If that is impossible to some, will these contribute their quota by correspondence? If each Superintendent, in her own way, seeks to discharge her responsibility to the Association, a very helpful, profitable meeting will be the result. That is the aim of the President. A good programme is in course of preparation and will be announced next month.

The Canadian National Association of Trained Nurses meets in Berlin during the same week. Every Graduate in Canada is interested in this meeting, and there should be no doubt about its success.

THE SAN FRANCISCO CONGRESS.

That the members of the Alumnæ Association of Winnipeg General Hospital are thoroughly alive to the needs of the profession, to the value of co-operation all along the line, and, moreover, are willing to contribute their part for the benefit of the whole, is clearly evidenced by this very pertinent question in the last issue of *The Nurses' Alumnae Journal*: "Should there not be a large representation of Alumnæ members at the Triennial Conference of Nurses, to be held in San Francisco in 1915?"

Some one has said that nothing worth while is ever accomplished without enthusiasm. Here is enthusiasm that will mean much to these nurses, and to how many more none can tell. Keeping the Congress in mind and planning *early* in this way will fit the nurses to carry away the maximum of benefit.

If every Association of Nurses will plan, and *early*, that the plans may be mature, to contribute its quota to the Congress of 1915, the help and inspiration to nurses all over the world will be inestimable. In no other way can the Congress accomplish all it desires.

THE CANADIAN NATIONAL ASSOCIATION OF TRAINED NURSES.

This is the age of organization, and in the forward march nurses are not behind, but are pressing onward, organizing, amalgamating and perfecting their various societies. First we had the Alumnæ Association, holding together the daughters of an Alma Mater; then the broader organization, uniting the alumnæ of various schools, resident in a particular city; then still broader territory was taken in, and the Provincial Associations sprang into existence, their *raison d'être* being to obtain registration; and, side by side with these, we find the Hospital Association and the Association of Superintendents of Training Schools for Nurses, both embracing the Dominion. And, as though all of that organizing and working had only been preparatory, leading up to greater things, came the crowning organization—the Canadian National Association of Trained Nurses, which takes in every trained nurse in the broad Dominion. And not only so, but it again stretches forth and clasps hands across the seas with other sister nurses, and forms a link in that wonderful chain of trained nurses which encircles the Globe—the International Council of Nurses.

Surely, step by step, we have mounted, gaining strength as we went, until now we stand ready for the work which must be done by the united efforts of all the nurses, would we make our profession take the position it should occupy.

The Canadian National Association of Trained Nurses was organized in 1908; was affiliated with the International Council of Nurses in 1909, and, already, has sent delegates to two meetings of that body—in 1909 to the International Congress of Nurses held in London, England, and in 1912, to the meeting held in Cologne. The next meeting is to be held in San Francisco in 1915, when we hope Canada will be well represented, and will be able to show very marked progress.

And now, what does this Canadian National Association mean to our nurses? It means that every trained nurse in Canada to-day should be a member of this Association, either through her affiliated society or through individual membership, and should be helping on the profession's work.

The third meeting of this Association will be held in Berlin, Ontario, in May, and it is to be hoped that every trained nurse in Canada will make a special effort to be present, and to do her part, whether great or small, to enable the Association to attain these objects set forth in the Constitution:—

1. To encourage mutual understanding and unity among Associations of Trained Nurses in the Dominion of Canada;

2. To acquire a knowledge of the methods of nursing in every country, to elevate the standard of professional education, and promote a

high standard of professional honour among nurses in all their relations, to encourage a spirit of sympathy with the nurses of other countries, and to afford facilities for international hospitality. M. A. M.

THE CORRECTION HAS BEEN MADE.

The state of affairs to which we called attention in the January issue, under "A Hospital," has been remedied. A Graduate Nurse has been appointed to the important position of Superintendent. We note this with great satisfaction.

This appointment will greatly add to the comfort of those who are responsible for it, as well as go far to permanently establish the confidence of the public in the institution. And this is something on which no hospital can afford to take any chances. We trust a long and useful career lies before this institution for the relief of the sufferer.

OUR SUBSCRIPTION LIST.

That our appeal to the nurses to help us double our subscription list has not been in vain is proved by letters containing sentences like this: "I am trying to do my duty by sending you five new subscribers." We are hoping to receive more of these, and will, we are sure, as soon as each nurse has had time to gather her list of new subscribers. Every nurse a subscriber is our aim, and yours, too, doubtless. Then you will surely help us realize this.

The subscription list is gradually improving, but the improvement must be more rapid if we are to get the real, helpful assistance that is needed. Then don't delay your good work.

FANNY WILDE McEVOY.

Miss Charlotte A. Aikens has published in *The Trained Nurse* for February the list of contributors to the fund for this aged nurse. The total amount received from September 1, 1911, when the fund was started, to November 1, 1912, was $644.61. Of this amount Mrs. McEvoy has received $383.01 in semi-monthly payments, leaving a balance of $261.60.

This balance removes all need of worry for the present, but with a call upon it of one dollar per day, which is the expense as estimated by the Associated Charities, it is obvious that our efforts in behalf of this aged veteran must not grow lax.

Miss Aikens says: "We could tell some very interesting stories about these nurses who have 'stirred others up to good works,' but we think it is better not. The recording angel is keeping account of all such efforts, we are sure, and we have sufficient faith in the nurses of to-day who are strong and vigorous to believe that they will help keep this old veteran in comfort through her remaining years. She calls the money her pen-

sion money, and speaks of it as coming from the Lord, which it does, but by way of human hands, prompted by human hearts."

Canadian nurses, we are sure, will not be forgetful of this aged pioneer, but will gladly do their part in making her sunset a time of tranquil peace and happiness.

MEDICAL RESEARCH AT THE UNIVERSITY OF TORONTO.

The Canadian Journal of Medicine and Surgery, in speaking of the fund which makes medical research work at the University of Toronto possible, says:—

"Giving the University of Toronto an endowment fund of over $25,000 annually for research work in the medical department will create one of the greatest factors for usefulness of the institution," said President Falconer recently, when commenting upon an announcement that some of Toronto's wealthy men had subscribed to an endowment fund for medical research work.

Working in conjunction with the Toronto General Hospital, where will be conducted a clinic that will standardize with those of highest repute in the world, the research work that will now be carried on in the University will provide medical students with exceptional educational advantages.

Of the five physicians who have been engaged for this research work, Dr. Caulfield will specialize on tuberculosis, and Drs. Fletcher, McPhedran, Armour and Imrie will undertake general work.

What is also of much importance to Canada is the assistance the research work will give the clinic in the Toronto General Hospital. The advantage to Canada will best be understood by stating that a clinic of exceptional merit was established in New York City some years ago. It attracted physicians and surgeons from all parts of the country.

They received a training which made them equally as skilful as their associates on the clinic, and when they returned to their practices in the several cities and towns, their fame so spread that they had for patients those who otherwise would have gone to New York for treatment. In this way the United States has been given, and is being given, a well-distributed supply of most efficient physicians and surgeons.

The work will be carried on in the various laboratories of the University, and it is expected that the money available will be sufficient to permit three or four medical men to occupy their entire time in the work of research.

One of the men chosen was Dr. Irvine, a Graduate of the Western University, London, Canada. Dr. Caulfield, formerly of the Muskoka Sanitarium, has been selected for the investigations into tuberculosis, and Drs. McPhedran, Jr., and Armour, will temporarily fill the posts of senior research assistants during the training of other men, which will occupy some years."

The Guild of Saint Barnabas

CANADIAN DISTRICT

MONTREAL—St. John Evangelist, first Tuesday Holy Communion at M. G. H., 6 15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday Holy Communion at R. V. H., 6.15 a.m.
District Chaplain—Rev. Arthur French, 158 Mance Street.
District Superior—Miss Stikeman, 216 Drummond Street.
District Secretary—Miss M. Young, 36 Sherbrooke Street.
District Treasurer—Miss F. M. Shaw, 21 Sherbrooke Street.

NEW YEAR'S WISHES.

The Peace of God that passeth comprehending
Keep thee in heart and mind and comfort thee.

The love of Christ all earthly love transcending
Now and for evermore encompass thee.

The Fellowship, unchangeable, unending—
The Spirit's Fellowship—abide with thee.

Where'er thou art, thy unknown way defending,
The ministry of angels succour thee.

The prayers of Saints unceasingly ascending
From earth and Paradise avail for thee.

Nature, with sacramental touch befriending,
Reveal her tender mysteries to thee.

The Holy Church her mother-arms extending,
Within the one Communion cherish thee,

Until the city of our God descending
Forever and forever shelter thee. —*Anon.*

The March meeting of the Toronto Branch will be held on the evening of the 26th.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

(Incorporated 1908)

President, Miss Bella Crosby, 41 Rose Avenue, Toronto; First Vice-President, Mrs. Tilley, 82 Roxborough Street W., Toronto; Second Vice-President, Miss G. A. Read, 772 Hellmuth Avenue, London; Recording Secretary, Miss Ina F. Pringle, 188 Avenue Road, Toronto; Corresponding Secretary, Miss Jessie Cooper, 30 Brunswick Avenue, Toronto; Treasurer, Mrs. A. H. Paffard, 194 Blythwood Road, North Toronto. Directors:—Miss K. Mathieson, Riverdale Hospital, Toronto; Miss Eastwood, 206 Spadina Avenue, Toronto; Miss L. L. Rogers, R.N., 10 Geofrey St., Toronto; Miss M. Ewing, 295 Sherbourne Street, Toronto; Miss Jean C. Wardell, R.N., 113 Delaware Avenue, Toronto; Miss Julia Stewart, 12 Selby Street, Toronto; Miss Florence Potts, Hospital for Sick Children, Toronto; Mrs. Yorke, 400 Manning Avenue, Toronto; Miss Eunice H. Dyke, R.N., 74 Homewood Avenue, Toronto; Miss Mary Gray, 505 Sherbourne Street, Toronto; Miss Janet Neilson, 295 Carlton Street, Toronto; Miss A. I. Robinson, 295 Sherbourne Street, Toronto; Miss G. L. Rowan, Grace Hospital, Toronto; Miss Janet G. McNeill, 505 Sherbourne Street, Toronto; Miss De Vellin, 505 Sherbourne Street, Toronto; Miss A. Carnochan, 566 Sherbourne Street, Toronto.

Conveners of Standing Committees—Legislation, Mrs. Paffard; Revision of Constitution and By-laws, Miss Dyke; Press and Publication, Miss Rowan. Representative to The Canadian Nurse Editorial Board, Miss E. J. Jamieson.

The regular meeting of the Executive was held on January 21st. There were nine members present.

A committee was appointed to act in conjunction with a committee appointed by the Directors of the Club, in arranging a series of lectures for the nurses of Toronto. The Treasurer's report showed a bank balance of $1524.93. Eleven applications were considered and accepted.

How to give information to young women who wished to train as nurses re choice of training school, was discussed. It was decided to advertise in order to get into touch with those desiring such information. A committee was appointed to arrange the matter.

The programme for the Annual Meeting in May was discussed and some plans proposed. Definite reports are to be given at February meeting. The date was set for May 23rd.

The donation of thirty dollars sent to the Fanny Wilde McEvoy Fund was acknowledged by Miss Aikens, who speaks of the gratitude of this aged nurse for all that is done for her.

The Hamilton Chapter reports a very enjoyable social meeting in December, when the Chapter met with the Alumnæ of the City Hospital. The lecture by Dr. Lester on "Oral Hygiene" was most instructive and helpful. The Chapter suggests that this subject be on the agenda of the Annual Meeting.

No report from the London Chapter.

THE ALUMNAE ASSOCIATION OF THE HAMILTON CITY HOSPITAL TRAINING SCHOOL FOR NURSES.

President—Miss Coleman, 171 James St. South.

Vice-president—Miss Dressel, 58 Charlton Ave. East.

Recording Secretary—Miss M. E. Dunlop, 175 Charlton Ave. East.

Corresponding Secretary—Miss E. F. Bell, 274 Charlton Ave. West.

Treasurer—Mrs. Reynolds, 143 James St. South.

"The Canadian Nurse" Representative—Miss E. F. Bell, 274 Charlton Ave. West.

Executive Committee—Miss Ainslee, 57 Bay St. South; Miss Laidlaw, 143 James St. South; Miss L. Overholt, 15 Tisdale St. South; Miss A. Carscallen, 143 James St. South; Miss B. M. Simpson, City Hospital.

Regular meeting, first Tuesday, 8 p.m., at the Nurses' Residence, City Hospital.

The following paper was read before our Association by Mr. Roy Marshall, barrister:—

During the past session the Legislative Assembly of the Province of Ontario passed an Act known as the Hospitals and Charitable Institutions Act (2 George V., chapter 85). The previous Act relating to this subject had no reference to nurses, but the new Act has a section relating to the registration of nurses, and this is the first mention ever made in our Ontario Statutes respecting the standing of nurses. This section, which is No. 18, reads as follows:—

"18. Training Schools for Nurses may be conducted at hospitals receiving aid under this Act, and when such regulations in relation thereto as may be prescribed by the Lieutenant-Governor-in-Council have been observed, Graduate Nurses of such Training Schoo s may be entitled to registration in a register kept for that purpose under the direction of the Provincial Secretary, and a person so registered may be designated a registered nurse."

By this section training schools for nurses may be conducted at hospitals receiving aid under this Act. Only hospitals receiving aid under the Act are permitted to conduct training schools, graduates from which may be registered under this section. All money appropriated by the Legislature for the purpose of giving aid under the Act must be distributed according to section 2, which limits such distribution to certain public hospitals, and under section 14 the Lieutenant-Governor-in-Council may designate the hospitals and other institutions to which aid may be granted, providing certain requirements are fulfilled. The previous statute had a list of such hospitals appended to it, but now the list is kept in the Provincial Secretary's Department at Toronto, and includes

practically all the general hospitals in the different cities, as nearly all of these receive aid under the Act.

Asylum hospitals could scarcely be called public hospitals, and they do not receive aid under this Act, but under another Act altogether, so that nurses graduating from their training schools could not register under section 18 above quoted.

The second part of the Act deals with the licensing, inspection and regulation of private hospitals, but they are not included in the institutions to which aid may be given under the Act, and for that reason nurses graduating from their training schools cannot be registered under section 18.

The section also contemplates regulations in relation to the training to be given by these training schools to be prescribed by the Lieutenant-Governor-in-Council, that is, by the Department at Toronto having charge of these institutions; and when the training schools have observed these regulations the nurses graduating from them are entitled to be registered in a register kept by the Provincial Secretary's Department at Toronto, and when a nurse has been so registered she may be designated a registered nurse.

The standard of efficiency of a registered nurse would therefore depend upon the requirements of the regulations prescribed by the Lieutenant-Governor-in-Council. If the regulations require a heavy course and training, the standing of a registered nurse would be assured. The public would know that a nurse so designated had passed difficult examinations and had had sufficient training to make her competent to undertake the duties of a professional nurse.

The nurse's calling is one requiring much skill and the provision for the registration of nurses made by the Legislature last session was a move in the right direction. In several of the United States there are statutes governing the training of nurses and their examinations, etc., and one would think that such an Act in Ontario would almost be a necessity, and if taken up by the nurses their claims would probably be recognized by the Government.

WHAT CONSTITUTES SUCCESS?

He has achieved success who has lived well, laughed often and loved much; who has gained the respect of intelligent men and the love of little children; who has filled his niche and accomplished his task; who has left the world better than he found it, whether by an improved poppy, a perfect poem or a rescued soul; who has never lacked appreciation of earth's beauty or failed to express it; who has looked for the best in others and given the best he had; whose life was an inspiration; whose memory is a benediction.—*Mrs. A. J. Stanley.*

THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES, MONTREAL.

President—Miss Phillips, 43 Argyle Ave.

Vice-Presidents—Miss M. Welsh and Miss Colquhoun.

Treasurer—Miss Des Brisay, The Poinciana, Sherbrooke St. W.

Secretary—Miss Fortescue, 611 The Lindsay Bldg., St. Catherine St.

Registrar—Mrs. Burch, 175 Mansfield Street.

Reading Room—The Lindsay Bldg., Room 611, 517 St. Catherine St. West.

The monthly meeting was held, by the kind invitation of Dr. Desloges, in the Hotel Dieu Hospital. The lecture was on Electro-Physiotheraphy, and delivered as it was in the Electrical Department, which is the best in America, was intensely interesting and instructive. The doctor said he would not go into the tremendous advances which had been made in Electro-Therapeutics, but would tell us something of the methods of treatment, and described the "static bath," "long sparks," "wave currents," "auto-conduction," etc. Electricity is not a unique agent, that is to say, acting always in the same way and employed in the same manner. Thus the static bath raises arterial pressure in those who are low-spirited, and in cases of neurasthenia; whereas the electro-calorifics d'arsonvalisation lowers it, as in cases of arterio sclerosis.

In an attack of gout, we begin by relieving the pain through the calming action of light acting on the nervous fibres, and thus open the way to the circulation of the deposits of uric acid. The electric fluid, by causing the contraction of the embedded tissues and ducts, will send forth into the circulatory current these noxious urates. It is then that electro-calorifics, by stimulating the activity of the skin and the kidneys, relieves the system of these toxic products.

For light and heat treatment they have instruments of all kinds, from the large light bath to the small hot air apparatus, to hasten the cure of running sores.

The X-ray room was very fascinating, and some of the members saw the bones of their own hands, and the hearts of some of their sisters.

We feel we cannot be grateful enough to the doctor, who took so much trouble, and to the sisters who assist him in his work, and who so kindly entertained us. There is just one regret, and that is that more of our members were not present. Just now many are very busy and others are out of town. Theirs is the loss.

During the year just closed new branches of the Victorian Order of Nurses have been opened at Ste. Anne de Bellevue, Berlin, Bobcaygeon, Islay, Innisfail, Saskatoon, North Vancouver, South Vancouver, Burnaby, Gaspé and Dartmouth.

Miss Grace Houghton is in charge at Ste. Anne's; Miss Effie Tolton, at Berlin; Miss Minnie Ferguson, at Bobcaygeon; Miss Dorway, at Islay; Miss Sitler, at Innisfail; Miss F. Munt, at Saskatoon; Miss Muir, at North Vancouver; Miss Towers, at South Vancouver; Miss Colhoun, at Burnaby; Miss Annie Gleaves, at Gaspé, and Miss Morton, at Dartmouth.

Miss Gertrude Sarney is in charge of the Lady Minto Hospital at Melfort, Sask. Miss L. Linton is her assistant.

Miss Cole has succeeded Miss McCutcheon as Head Nurse of the Winnipeg district.

Miss Griffiths is in charge of the Cobalt district; Miss Leah, of the St. John, N.B., district, and Mrs. Tyler, of the Halifax branch.

Miss Bremner has received the appointment as Senior Nurse in the Ottawa Home, and Miss McCaul is in charge of the V. O. N. Milk Station there.

Miss McKay is Senior Nurse in the Vancouver Home.

A post-graduate course in district nursing—four months—is given at the training centres of the Order—Ottawa, Montreal, Toronto, Vancouver. For full information apply to the Chief Superintendent, 578 Somerset Street, Ottawa, or to one of the District Superintendents at 478 Albert Street, Ottawa; 29 Bishop Street, Montreal; 206 Spadina Avenue, Toronto, or 1300 Venables Street, Vancouver, B.C.

HOSPITALS AND NURSES.

Miss May Barclay, Graduate of the Royal Alexandra Hospital, Fergus, Ont., Class '06, has been appointed Superintendent of the Lord Dufferin Hospital, Orangeville, Ont. Her duties commenced January 1st, 1913.

Mrs. B. M. Harvey, who is now President of the Graduate Nurses' Association of Thunder Bay District, has been elected a member of the Board of Education of Fort William. It is interesting to note that Mrs. Harvey headed the list with a total of 646 votes, while the next member got 595. We wish Mrs. Harvey every success in her new field of work.

The Carroll Chapter of the Daughters of the Empire are making the necessary arrangements for the building and equipping of a hospital for the Stone town.

Miss J. M. McIntyre, Graduate of City Hospital, Albany, N.Y., Class '05, who has been at her home in Fergus, Ont., for nearly a year, left to fill the position of Assistant Superintendent of Nurses in the Epileptic Hospital, Albany. The appointment reflects much credit on Miss McIntyre, as it necessitates taking the examinations set by the State Board of Registration and also the Civil Service examination.

Miss Emily H. Orr, R.N., Graduate of the Hospital, Morden, Man., Class '99, is, after a long and serious illness, spending the winter with her sister, Mrs. Arthur Mackenzie, North Portal, Sask. Miss Orr hopes to be sufficiently recovered to return to Grand Forks, N.D., in February and resume her work as Secretary of the State Association of Graduate Nurses.

A special meeting of the Alumnæ Association of Vancouver General Hospital was held on January 20th at the apartments of Miss McCartin at Holly Lodge, to elect the officers for 1913, the extremely bad weather having prevented the regular meeting called for January 7th taking place. Miss Hart, the retiring President, occupied the chair, until she resigned it in favour of Miss M. Wilson, who was appointed President by unanimous vote. Miss McCartin was elected Secretary-Treasurer. The Programme Committee then outlined the order of procedure for the February meeting. Refreshments and a pleasant chat closed a very profitable evening.

The Alumnæ Association of St. Michael's Hospital, Toronto, held its January meeting at the "Club." After business matters were disposed of, a social cup of tea was enjoyed. Miss Rose Casserly, who has been away for a year or more, was present, and her many friends were glad to see her. After a short visit here she will return to New York.

Miss Virginia MacSweyn, Graduate of Boston City Hospital, has been appointed Assistant Superintendent of the Bow Hospital, Berlin, Ont. Miss MacSweyn's home is in Lindsay, Ont.

The Graduate Nurses of Alberta have formed a Provincial Association, with the following officers: President, Miss McPhedran, Calgary; First Vice-President, Mrs. Armstrong, Edmonton; Recording Secretary, Miss Rutherford, Calgary; Corresponding Secretary, Mrs. Manson, Edmonton; Treasurer, Miss Hurcomb, Calgary. The Association is preparing a bill for registration.

At the annual meeting of the Edmonton Association of Graduate Nurses, held on January 15th, 1913, the following officers were elected: President, Mrs. Lee; First Vice-President, Mrs. McLeod; Second Vice-President, Miss Sproule; Recording Secretary, Mrs. Manson; Corresponding Secretary, Miss Bufton; Treasurer, Mrs. Campbell.

The correspondent of the *Standard of Empire* at Auckland, N.Z., notes that: "Mrs. Mary Kelly, ninety-one, has just died at New Plymouth. She was a nurse in the Crimea, and was believed to be the last of Miss Florence Nightingale's assistants. Mrs. Kelly's husband, who was ninety years old, died a day or two before his wife. He served with the 57th Regiment in the Crimea."

The postponed annual meeting of the Graduate Nurses' Association of Thunder Bay District was held at the home of Mrs. B. M. Harvey, Fort William, on January 3rd, 1913. There was a fair attendance. The reports of the officers and committees were read and received. The election of officers resulted as follows: President, Mrs. B. M. Harvey; First Vice-President, Miss Regan; Second Vice-President, Mrs. Jeffries; Secretary, Miss Ethel Johns; Treasurer, Miss Blackmore. After adjournment a social hour was enjoyed around the tea-table.

"In connection with the death of Lord Lister, it is interesting to know that the nurse who assisted the famous surgeon with his first antiseptic preparations is still in the Glasgow Royal Infirmary. Nurse Bell has many interesting stories of the old days when Professor Lister was in the Infirmary, and of students and dressers, many of them now chiefs, who attended the classes from 1861 to 1869. Nurse Bell has been in the Royal Infirmary for forty-five years. She is 69 years of age and she enjoys good health, though not able to do much. When Lord Lister was presented with the freedom of the City of Glasgow it was his special desire that Nurse Bell should be present at the function in St. Andrew's Hall. When the memorial service was held in the University Chapel she had a special invitation to be present."—*Hamilton Spectator.*

The annual meeting of the Vancouver Graduate Nurses' Association was held at the Nurses' Club on Wednesday, January 8th. There

were 12 members present. The minutes of the last meeting were read and adopted, and correspondence attended to. Reports for the year showed: Registrar's—Nurses registered during 1912, 163; calls, 951. Secretary's—Members, December 31st, 1912, 68; married during year, 8; average attendance at meetings, 12. Officers for 1913 are: President, Miss E. Trew, 1357 Barclay St.; First Vice-President, Miss E. Breeze. 1032 Barclay St.; Second Vice-President, Miss Hall, 1300 Venables St.; Secretary-Treasurer, Miss R. Judge, 811 Thurlow St. Committees: Sick Benefit—Misses McLellan, Bone, and Judge; Social—Misses Barnard, Arthur, Archibald, Hart, and S. Wilson.

Miss Mavity (V. G. H.) has taken charge of the operating room in a private hospital at Long Beach, California.

The annual meeting of the Berlin and Waterloo Graduate Nurses' Association was held at the Hospital, Berlin, Ont., on November 18th. The President, Mrs. Foster, occupied the chair. The annual reports indicated a healthy, flourishing organization. The interest taken in the regular meetings has been excellent, and the programmes profitable and entertaining. The papers were contributed by doctors and nurses. This list of the topics for the meetings of the year may be interesting: "Obstetrical Nursing at Johns Hopkins Hospital"; "The Ideal Nurse"; "A Travel Talk"; "Conducting a Registry for Nurses"; "Nursing Among the Indians of Great Slave Lake"; "Master Minds in Medicine"; Reports of delegates to annual meeting of Graduate Nurses' Association of Ontario; "Nursing in Tuberculosis." Officers elected for 1913 are: President, Mrs. Foster; Vice-President, Mrs. H. F. Bowman; Treasurer, Miss Storlop; Secretary, Miss Elsie Masters, 27 Ellen St. East, Berlin.

The dance given by the Vancouver Graduate Nurses' Association in Lester Hall recently added another to their list of successful social events. The dance was given in aid of the Nurses' Sick Benefit Fund, and as well as adding a substantial sum to their funds, it furnished a very enjoyable evening for their friends. The dance was well attended, there being about one hundred and fifty couples present. A buffet supper was served downstairs. The long tables were very prettily decorated with daffodils, violets and narcissi. The dance was given under the patronage of Mrs. Allison Cummings, Mrs. C. S. Douglas, Mrs. Walter F. Evans, Mrs. B. D. Gillies, Mrs. H. W. Kent, Mrs. A. S. Munro, Mrs. W. Forbes MacDonald, Mrs. W. A. Whitelaw, Mrs. H. H. MacIntosh, Mrs. J. Rogers and Mrs. Covernton.

The regular monthly meeting of the Toronto Central Registry Committee was held at the Registry Office, 295 Sherbourne St., Monday, February 3rd, at 3 p.m., the Convener, Miss Christine Mitchell, in the chair. Eight members were present. The Registrar's report for January, 1913,

is as follows: Total number of calls, 372; visiting cases, 6; registry extension cases, 2. Financial—Fees received in January, $360; received from sale of charts, $10.60; disbursements, $165.88; total balance, $1,652.28. Five nurses joined the Registry in January. Seven applications were considered and accepted. Miss Holman gave a most interesting talk on her work in the Social Service Department of Toronto General Hospital, which was appreciated by all present.

There was a sound of revelry by night on January 29th, 1913, when the Canadian Public School Nurses' Association held its annual "At Home" in the form of a dance. The Metropolitan Assembly Rooms were prettily decorated and bright with the many pretty gowns and happy faces of the large number of young people, who seemingly went for a good time—and had it. Nothing was lacking to make a most delightful dance; even the weather was favourable. The floor was excellent, the orchestra generous, and the pretty sitting-out rooms ensured the comfort of those who did not care to dance. The Association looks forward with increasingly pleasant anticipations to this annual gathering of its circle of friends which grows larger yearly. We hope on some of these occasions to have the pleasure of entertaining some of our out-of-town members.

The report of the Royal Columbian Hospital, New Westminster, B.C., for December, 1912, showed that the month began with 68 patients, 86 were received during the month and 88 discharged, leaving the hospital with 63 patients at end of month.

The musicale and dance given by the Toronto Western Hospital Alumnæ Association on Tuesday evening, February 4th, was one of the most successful in the annals of the Association. The Assembly Hall of the hospital was well filled with guests, and the tables in the supper room were beautifully decorated with flowers. Miss Bell, Honorary President, received with the President, Mrs. MacConnell. The musicale afforded great pleasure to the guests, as did the dance which followed.

Mrs. Bell, Graduate of the Toronto Western Hospital, who has been ill in the Alumnæ Ward of the Toronto Western Hospital for the past few weeks, is improving steadily.

Miss Fell, Graduate of the Toronto Western Hospital, Class '11, has gone to Moose Jaw, where she expects to follow her profession.

Miss Chapman, Graduate of the Toronto Western Hospital, Class '12, has taken the position of Assistant Superintendent of Barrie Hospital.

The annual meeting of the Toronto Western Hospital Alumnæ Association was held at the Nurses' Residence, Roseberry Avenue, Friday, February 7th, 1913, at 3 p.m., when the following officers were elected

for the ensuing year: Honorary President, Miss Bell, Lady Superintendent; President, Mrs. Valentine, 65 Lakeview Ave.; First Vice-President, Mrs. Yorke, 400 Manning Ave.; Second Vice-President, Mrs. Fortner; Recording Secretary, Miss Cooney, 16 Ulster St.; Corresponding Secretary, Mrs. MacConnell, 125 Major St.; Treasurer, Miss Anderson, 48 Wilson Ave.; Visiting Committee—Mrs. Gilroy, Miss Fee; Registry Committee—Miss Anderson, Miss Cooper; Programme Committee—Misses Butchart, Misner, and Neelands; Directors—Mrs. MacConnell, Miss MacLean, Miss Davis; THE CANADIAN NURSE Representative, Miss E. F. Elliott, 16 Ulster St.

Miss May MacCallum, Graduate of St. Michael's Hospital, Toronto, who has been in Portland, Oregon, for some time, has returned to Toronto. Her many friends welcome her.

Dr. W. H. Hill, of the Hygienic Institute, London, Ont., is giving instruction on health matters throughout Western Ontario.

The Vancouver Daily Province gives the following extracts from a letter written by Mrs. St. Clair Stobart, Commandant of the Women's Convoy Corps at Kirk-Kilisse, to friends in London:—

"As we (the Women's Convoy Corps) are the only British women who have been entrusted with the charge of a hospital for wounded soldiers in the Balkans, it may be of interest to the public to learn something of the experiences we have encountered.

"Our detachment consists of twenty-three—doctors, sisters, nurses, cooks and interpreter—and we had been invited by Queen Eleonore of Bulgaria, by the medical authorities, and also by the Croix Rouge, to improvise a hospital at Kirk-Kilisse; for this place, being within the active zone of operations, was in the most pressing need of nursing and surgical aid.

"The route from London is through Sofia, and on the arrival of the corps the Queen, who is herself a trained nurse and has been devoting herself heroically night and day to the organization of hospital work, invited us all to the palace."

She goes on to give a graphic description of the journey from Sofia to Jambali, and their seven days' journey in ox-carts from Jambali to Kirk-Kilisse.

"On our arrival at Kirk-Kilisse," she says, "we were told to select for ourselves from among the deserted houses of this conquered Turkish town any empty building we deemed fit for conversion into a hospital for the wounded. Before dark we were lucky enough to find three large houses, facing each other, on either side of a narrow, and, as usual, nameless street.

"Within thirty hours the Women's Convoy Corps Hospital was a going concern; beds had been put up, sack mattresses sewn and filled

with straw, packing cases converted into chairs and tables, empty bottles into candlesticks, etc., and already lines of bullock waggons were drawn up at the doors, and human remnants, shattered in arms, hands, legs—everywhere—were being carried on stretchers and by hand-seats to our new wards.

"Here our three doctors (women), our sisters and nurses, took the patients in charge and distributed the more severely injured in beds, as far as these were available, and when these gave out the weary wounded, who had travelled for many days in exposed ox-carts over rough country, their wounds untended, were placed on sack mattresses in the halls, corridors, outhouses, in every available inch of space, there to have their tattered, blood-stained garments removed and their wounds dressed.

"Our hospital contains, besides the fourteen wards, operating theatre, office, dining room for staff, etc., an out-patients' dispensary, to which soldiers who are not actually bedridden come daily to have their wounds dressed. Shrapnel, grenade, Mauser and Mannlicher bullets each tell their own tale, the Turkish Mannlicher being the most merciful in its effects. But in any case the men bear the bullets no grudge, and invariably as they are extracted hold out their hands for the prized memento.

"It is imposible to give more than this brief outline of the nature of our work, all done with improvised materials in empty buildings in a Turkish town, with difficulties of language and scarcity of food to be coped with. One fact, however, I should like to emphasize; that this work we are doing is pre-eminently woman's work. It was said at the beginning of the war that the duty of tending the wounded in the Balkans was "not fitted for women." To my mind this was synonymous with saying that women were not fitted for the work. Now though there may have been some hardships and privations, as they are termed, which women are not usually called upon to face, yet judging by the spirit with which these have been encountered by the women with whom I have been privileged to act, the fact may, I think, be regarded as established that trained and disciplined women are fitted for any work, under any conditions wherever alleviation of suffering is the object. As Commandant of the Women's Convoy Corps, I am grateful that, owing to the Balkan War Relief Fund, British women have, if only to a small extent, been represented in the work of helping to relieve the sufferings of the Balkan peoples in their valiant struggle for freedom."

The regular monthly meeting of the Toronto General Hospital Alumnæ Association was held at the Nurses' Residence of the Hospital on February 7th, at 3.30 p.m., the President in the chair. There was a good attendance. Dr. MacMurchy addressed the meeting on "Social Service from the Physician's Standpoint." Dr. MacMurchy showed in

her own clear and inimitable way the need for social service if the work of the physician was to be of lasting benefit to the patient. The physician had often to do work over and over because the conditions which produced the illness had not been remedied. The aim of social service is to study questions of social reform, to seek to bring about ideal conditions for all, so that the world's work will be carried on with the greatest possible efficiency. Dr. MacMurchy told the Alumnæ of the great satisfaction it had given the Committee on Social Service to have the active interest and service of the members in this work.

The Directors of the Club thought that a series of lectures for the nurses of Toronto would be helpful and valuable, and appointed a committee to act in conjunction with a committee appointed by the Executive of the Graduate Nurses' Association of Ontario. The first of the series was given on January 31st by Dr. Jessie McBean, a missionary in South China, who is home on furlough. The lecture was listened to with interest by a large audience. The great need of more workers in the foreign field was emphasized by Dr. McBean.

Dr. McBean will give an illustrated lecture on her work in St. John's Presbyterian Church, corner Broadview and Simpson Avenues, Toronto, on the evening of March 6th.

Miss L. L. Rogers entertained Mrs. Florence Kelly, of New York, at tea at the Club. Mrs. Kelly lectured on "The Shopping Public and the Wage Earner," under the auspices of the Club for the Study of Social Science.

On Monday, February 10th, twelve Club members held a Valentine supper. The table was decorated to suit the occasion, and the evening was enjoyed by all.

The Alumnæ Association of Riverdale Hospital has issued cards for a dance to be held at the Clubhouse on the evening of February 14th.

The Women's Press Club have also issued cards for a Valentine party to be held on Saturday, February 15th. "Alice in Wonderland" is to be the predominating feature of the evening.

The Twilight Musicales are well attended and much enjoyed.

The Florence Nightingale Association held its monthly meeting on Tuesday, February 4th. Dr. G. W. Ross gave a most interesting talk on "The Use of Serum and Bacteria Vaccine in Medicine."

The White Slave Bill recently passed by the British Parliament permits a constable to arrest, without a warrant, a suspected person. Procurers may be imprisoned and also flogged. A number of procurers have fled from London since the passage of the Act. Where have they gone? It is obviously necessary for every country to take some action, that these evil traffickers in human lives may find no abiding place.

HOSPITALS AND TRAINING SCHOOLS OF CANADA.

ONTARIO.

Hospital—Victoria, London.
Established—Training School incorporated by Act of Parliament, Ontario, 1882.
Registered—Albany, N.Y.
Superintendent of Hospital—Thos. H. Heard.
Superintendent of Nurses—Margaret E. Stanley.
Number of beds—Three hundred.
Graduate nurses on staff—Seven, and one dietitian.
Pupil nurses—Eighty-five.
Term of training—Three years.
Branches of training—Medicine, Surgery, Gynæcology, Obstetrics. Dietetics, Eye, Ear, Nose and Throat, Contagious Diseases, Tuberculosis, Social Service.
Affiliation—Alexandra Sanitarium, Byron.

Hospital—St. Joseph's, London.
Established—1889. Training School, 1900.
Registered—1889, in London.
Superintendent of Hospital—Mother M. Nuchtilde.
Superintendent of Nurses—Sister M. St. Roch.
Number of beds—Eighty.
Graduate nurses on staff—Five.
Pupil nurses—Forty-three.
Term of training—Three years.
Branches of training—Medicine, Surgery, Gynæcology, Obstetrics.

Hospital—The City, Hamilton.
Established—1860.
Registered—Albany, N.Y., 1911.
Superintendent of Hospital—Dr. W. F. Langrill.
Superintendent of Nurses—Kate Madden, R.N.
Number of beds—Three hundred and sixty-six.
Graduate nurses on staff—Four, and one dietitian.
Pupil nurses—Eighty.
Term of training—Three years.
Branches of training—Medicine, Surgery, Gynæcology, Obstetrics, Contagious Diseases, Children, Dietetics.

Hospital—The Nicholl's, Peterborough.
Established and registered—1886.
Superintendent of Hospitals and Nurses—E. M. Beamish, R.N.
Number of beds—Forty.

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2. **That it enables the system to extract more nutriment from ordinary diet than without its use.**
3. **That these two qualities give Bovril a body-building power of from 10 to 20 times the amount of Bovril consumed.**

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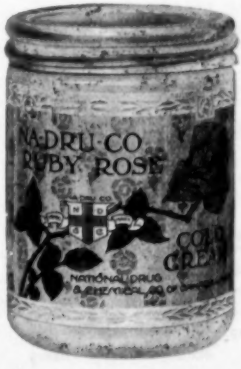

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In 25c. opal glass jars, at your druggist's.

National Drug & Chemical Co.
of CANADA, LIMITED

Graduate nurses on staff—Two.
Pupil nurses—Sixteen.
Term of training—Three years.
Branches of training—General.

Hospital—The Ross Memorial, Lindsay.
Established and incorporated by Ontario Legislature—1902.
Superintendent of Hospital and Nurses—Nellie M. Miller.
Number of beds—Thirty-two.
Graduate nurses on staff—One.
Pupil nurses—Twelve.
Term of training—Three years.
Branches of training—Medicine, Surgery, Gynæcology, Obstetrics, Dietietics.

Hospital—The General, Belleville.
Established—1886.
Registered—1890, Toronto.
Superintendent of Hospital and Nurses—Miss C. H. Greene.
Number of beds—Seventy-five.
Graduate nurses on staff—Two.
Pupil nurses—Fifteen.
Term of training—Three years.
Branches of training—General.

Hospital—General Marine, Owen Sound.
Established and registered—1892.
Superintendent of Hospital and Nurses—Maude M. Redmond.
Number of beds—Seventy-nine.
Graduate nurses on staff—None.
Pupil nurses—Fourteen.
Term of training—Three years.
Branches of training—General.

Hospital—Grace General, Toronto.
Established—1893.
Registered—Albany, N.Y.
Superintendent of Hospital—Dr. Edith Beatty.
Superintendent of Nurses—Georgia L. Rowan.
Number of beds—One hundred and twelve.
Graduate nurses on staff—None.
Pupil nurses—Forty-one.
Term of training—Three years.
Branches of training—Medicine, Surgery, Obstetrics, Eye, Ear, Nose and Throat.

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Superintendent of Hospital and Nurses—Miss Reekie, R.N.
Number of beds—Eighty-five.
Graduate nurses on staff—One.
Pupil nurses—Thirty.
Term of training—Three years.
Branches of training—Medicine, Surgery, Obstetrics, Contagious Diseases.
Affiliations—Guelph Isolation Hospital.

Hospital—Woodstock General, Woodstock.
Established—1895.
Registered—1904, Albany, N.Y.
Superintendent of Hospital and Nurses—Frances E. Sharpe.
Number of beds—Forty.
Graduate nurses on staff—One.
Pupil nurses—Ten.
Term of training—Three years.
Branches of training—Medicine, Surgery, Obstetrics.

Hospital—Riverdale, Toronto.
Established—1895. Registered in Albany, N.Y., 1905.
Superintendent of Hospital and nurses—Kate Mathieson.
Number of beds—One hundred and seventy-four.
Graduate nurses on staff—Three.
Pupil nurses—Twenty.
Term of training—Three years. (Two years and three months in Riverdale.)
Branches of training—Contagious diseases.
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